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BIBDATASHEET

CONFIRMATION NO. 6249

Bib Data Sheet

SERIAL NUMBER 09/475,365	FILING DATE 12/30/1999 RULE	CLASS 514	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. 91561/74891	
APPLICANTS DR. PORUNELLOR A. MATHEW, COPPELL, TX; KENT S. BOLES, FORT WORTH, TX; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** <div style="text-align: center;">** SMALL ENTITY **</div>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Allowance Acknowledged <u>Ruixiang He</u> <u>Rhi</u> Examiner's Signature Initials		STATE OR COUNTRY TX	SHEETS DRAWING 3	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
ADDRESS 23552 MERCHANT & GOULD PC P.O. BOX 2903 MINNEAPOLIS , MN 55402-0903					
TITLE LLT USES THEREOF IN IMMUNE SYSTEM MODULATION					
FILING FEE RECEIVED 903	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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102(b) rejection in the previous office action
was based on the wrong filing date; a new 102(c) has been made.
CONFIRMATION NO. 6249

SERIAL NUMBER 09/475,365	FILING DATE 06/04/2001 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. 91561/74891	
APPLICANTS DR. PORUNELLOR A. MATHEW, COPPELL, TX; KENT S. BOLES, FORT WORTH, TX;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/09/2000					
** SMALL ENTITY **					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		STATE OR COUNTRY TX	SHEETS DRAWING 3	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged Examiner's Signature <i>Rui Wang</i> Initials <i>Rhi</i>					
ADDRESS 23552					
TITLE LLT USES THEREOF IN IMMUNE SYSTEM MODULATION					
FILING FEE RECEIVED 838	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		